

B 6 Summary (Official Form 6 - Summary) (12/13)

United States Bankruptcy Court
Northern District of Indiana

In re **Fernando Lopez,**
Maria Alejandrina Lopez

Debtors

Case No. **14-23225**Chapter **13**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	63,000.00		
B - Personal Property	Yes	4	70,961.24		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		230,494.40	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	4		108,693.24	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	14		233,539.94	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			5,377.70
J - Current Expenditures of Individual Debtor(s)	Yes	4			3,023.00
Total Number of Sheets of ALL Schedules		34			
Total Assets			133,961.24		
Total Liabilities				572,727.58	

United States Bankruptcy Court
Northern District of Indiana

In re **Fernando Lopez,
 Maria Alejandrina Lopez**

Debtors

Case No. **14-23225**

Chapter **13**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	108,693.24
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	108,693.24

State the following:

Average Income (from Schedule I, Line 12)	5,377.70
Average Expenses (from Schedule J, Line 22)	3,023.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	10,472.58

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		40,244.40
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	100,948.26	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		7,744.98
4. Total from Schedule F		233,539.94
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		281,529.32

In re **Fernando Lopez,
Maria Alejandrina Lopez**

Case No. **14-23225**

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Debtors' Residential Real Estate at 947 Hoffman St., Hammond, IN Year of Purchase 1999 Purchase Price \$62,000.00	Tenants by The Entireties	J	63,000.00	69,584.48

Sub-Total > **63,000.00** (Total of this page)

Total > **63,000.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Fernando Lopez,
Maria Alejandrina Lopez**Case No. **14-23225**

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petitioner is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		First Financial Bank - Checking	J	80.00
		First Financial Bank - Checking	J	350.00
		First Financial Bank - Savings	J	600.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Miscellaneous household goods and furnishings used by the Debtor(s) in their household.	J	4,000.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Wearing Apparel	J	1,000.00
7. Furs and jewelry.		Jewelry	J	1,350.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > **7,380.00**
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Fernando Lopez,
Maria Alejandrina Lopez**Case No. **14-23225**

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Debtors' 401K, pension and retirement plans, if any, unknown at current and previous places of employment.	J	Unknown
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		49% Ownership interest in Hammond Professional Cleaning LLC	J	24,831.24
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			

Sub-Total > **24,831.24**
(Total of this page)

Sheet **1** of **3** continuation sheets attached
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Fernando Lopez,
Maria Alejandrina Lopez**Case No. **14-23225**

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2003 Dodge Durango (over 200,000 miles)	W	1,250.00
		2010 Pontiac Vibe (60,000 miles)	W	9,000.00
		2010 Dodge Ram 1500 Pick Up (70,000 miles)	H	10,000.00
		2006 BMW Series 3	H	10,000.00
		2007 Honda FIT	H	5,000.00
		2005 Chevy Malibu	H	3,500.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			

Sub-Total > **38,750.00**
(Total of this page)

Sheet **2** of **3** continuation sheets attached
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Fernando Lopez,
Maria Alejandrina Lopez**Case No. **14-23225**

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sheet **3** of **3** continuation sheets attached
to the Schedule of Personal Property

Sub-Total >	0.00
(Total of this page)	
Total >	70,961.24

(Report also on Summary of Schedules)

B6C (Official Form 6C) (4/13)

In re **Fernando Lopez,
Maria Alejandrina Lopez**Case No. **14-23225**

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPTDebtor claims the exemptions to which debtor is entitled under:
(Check one box)

- ☐ 11 U.S.C. §522(b)(2)
☒ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds
 \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter
 with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Other Exemptions			
Debtors' Residential Real Estate	Ind. Code § 34-55-10-2(c)(1)	35,200.00	63,000.00
Debtors' Checking and Savings	Ind. Code § 34-55-10-2(c)(3)	700.00	1,030.00
Debtors' Household Goods	Ind. Code § 34-55-10-2(c)(2)	4,000.00	4,000.00
Debtors' Wearing Apparel & Jewelry	Ind. Code § 34-55-10-2(c)(2)	2,350.00	2,350.00
Debtors' Vehicles	Ind. Code § 34-55-10-2(c)(2)	12,350.00	38,750.00
Debtors' Earned Income Tax Credits	Ind. Code § 34-55-10-2(c)(11) Entire Value	50,000.00	Unknown
Debtors' 401K, pension and retirement	Ind. Code § 34-55-10-2(c)(6) Exemption Amount: Entire Value	Unknown	Unknown

Total: **104,600.00** **109,130.00**

0 continuation sheets attached to Schedule of Property Claimed as Exempt

Case No. **14-23225**

Debtors

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

1 continuation sheets attached

B6D (Official Form 6D) (12/07) - Cont.

In re **Fernando Lopez,
Maria Alejandrina Lopez**Case No. **14-23225**

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
			DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN					
Account No. xxxxxx8342			12/26/02					
JP Morgan Chase Bank c/o Residential Funding Corporation Homesomings Financial Network 6 Executive Circle, Suite 100 Irvine, CA 92614		J	Mortgage Real Estate					
			Value \$ 63,000.00				69,584.48	6,584.48
Account No. 45-03-30-376-039-000			Real Estate Taxes					
Lake County Treasurer 2293 N. Main Street Crown Point, IN 46307		J	Notice Only					
			Value \$ 0.00				0.00	0.00
Account No. 45-123-2955-00			Real Estate Taxes					
Lake County Treasurer 2293 N. Main Street Crown Point, IN 46307		J	Notice Only					
			Value \$ 0.00				0.00	0.00
Account No. Acct.# xxxxxxxx5367			03/2014					
Specialized Loan Servicing 8742 Lucent Blvd., Ste. 300 Acct.# xxxxxxxx5367 Highland Ranch, CO 80129		J	Mortgage Notice Only					
			Value \$ 0.00				0.00	0.00
Account No.								
			Value \$					
Subtotal							69,584.48	6,584.48
(Total of this page)								
Total							230,494.40	40,244.40
(Report on Summary of Schedules)								

Sheet **1** of **1** continuation sheets attached to
Schedule of Creditors Holding Secured Claims

In re **Fernando Lopez,
Maria Alejandrina Lopez**

Case No. **14-23225**

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/13) - Cont.

In re **Fernando Lopez,
Maria Alejandrina Lopez**Case No. **14-23225**

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. 8319641			Notice Only					
Chicago Department of Revenue Reittance Center P.O. Box 88292 Chicago, IL 60680-1292		J					0.00	
						0.00		0.00
Account No.			2004 IL-1040					
ICS Payment and Correspondence Unit Illinois Department of Revenue P.O. Box 19043 Springfield, IL 62794-9043		J					32.59	
						293.87		261.28
Account No. 99353807315			Notice Only					
Illinois Department of Revenue c/o Linebarger Goggan Blair & Sampson P.O. Box 06140 Chicago, IL 60606		J					0.00	
						0.00		0.00
Account No.			2000, 2002, 2004 IT-40					
Indiana Department of Revenue Bankruptcy Section, N-203 100 N. Senate Avenue Indianapolis, IN 46204-2217		J					0.00	
						1,281.96		1,281.96
Account No.			2007 IT-40 Tax					
Indiana Department of Revenue Bankruptcy Section, N-203 100 N. Senate Avenue Indianapolis, IN 46204-2217		J					931.12	
						931.12		0.00
Subtotal								963.71
(Total of this page)							2,506.95	1,543.24

Sheet **1** of **3** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re **Fernando Lopez,
Maria Alejandrina Lopez**Case No. **14-23225**

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			2005 & 2007					
Internal Revenue Service Attn: Bankruptcy Department Mail Stop 5010 230 S. Dearborn Street Chicago, IL 60604		J	1040 Tax					87.70
							2,392.87	2,305.17
Account No.			2011					
Internal Revenue Service P. O. Box 21126 Philadelphia, PA 19114		J	1040 Tax					5,284.96
							62,663.23	57,378.27
Account No.			2004					
Internal Revenue Service P. O. Box 21126 Philadelphia, PA 19114		J	1040 Tax					543.99
							6,238.06	5,694.07
Account No.			2005					
Internal Revenue Service P. O. Box 21126 Philadelphia, PA 19114		J	1040 Tax					0.00
							10,558.04	10,558.04
Account No.			2007					
Internal Revenue Service P. O. Box 21126 Philadelphia, PA 19114		J	1040					0.00
							2,628.32	2,628.32
Subtotal								5,916.65
(Total of this page)							84,480.52	78,563.87

Sheet **2** of **3** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (4/13) - Cont.

In re **Fernando Lopez,
Maria Alejandrina Lopez**Case No. **14-23225**

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
									AMOUNT ENTITLED TO PRIORITY
Account No.				12-31-11					
Internal Revenue Service P. O. Box 21126 Philadelphia, PA 19114		J		940 Tax					864.62
								21,705.77	20,841.15
Account No.									
Account No.									
Account No.									
Account No.									
Subtotal									864.62
(Total of this page)								21,705.77	20,841.15
Total									7,744.98
(Report on Summary of Schedules)								108,693.24	100,948.26

Sheet **3** of **3** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6F (Official Form 6F) (12/07)

In re **Fernando Lopez,
Maria Alejandrina Lopez**Case No. **14-23225**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Asuncion Cabrera 8748 S. Muskegon Chicago, IL 60617		J	2005 Misc.			2,694.00
Account No. 45D120510SC1110 Asuncion Cabrera c/o Lake County Superior Court 232 Russell Street Hammond, IN 46320		J	Notice Only			0.00
Account No. 12564772 AT&T c/o Enhanced Recovery Corporation 8014 Bayberry Rd. Jacksonville, FL 32256		J	2008 Misc.			357.00
Account No. 133759423 AT&T c/o Omnium Worldwide, Inc. P.O. Box 956842 Saint Louis, MO 63195		J	Misc.			357.42
Subtotal (Total of this page)						3,408.42

13 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Fernando Lopez,
Maria Alejandrina Lopez**Case No. **14-23225**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		H W J C					DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.
Account No. 132680030653884	J	2007 Misc.				1,076.00	
AT&T Chicago c/o Bureau of Collection REC 7575 Corporate Way, Room 301 Eden Prairie, MN 55344-2022							
Account No. 132680030527082	J	2007 Misc.				1,299.00	
AT&T Chicago c/o Bureau of Collection REC 7575 Corporate Way, Room 301 Eden Prairie, MN 55344							
Account No. 16196030527082	J	2007 Misc.				1,299.00	
AT&T Gold ILL c/o Bureau of Collection Recovery 7575 Corporate Way Eden Prairie, MN 55344							
Account No. 161960030653884	J	Notice Only				0.00	
AT&T Gold ILL c/o Bureau of Collection Recovery 7575 Corporate Way Eden Prairie, MN 55344							
Account No.	J	Misc.				1,135.89	
Best Buy Retail Services P.O. Box 5238 Act. No.: 7001191105729447 Carol Stream, IL 60197							
Sheet no. 1 of 13 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	4,809.89

B6F (Official Form 6F) (12/07) - Cont.

In re **Fernando Lopez,
Maria Alejandrina Lopez**Case No. **14-23225**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 45TDM41782957299 Capital One c/o TSYS Debt Management P.O. Box 5155 Norcross, GA 30091	J	2000 Misc.				1,335.15
Account No. 412174178295xxxx Capital One P.O. Box 30281 Salt Lake City, UT 84130	J	Notice Only				0.00
Account No. 438864213373 Capital One P.O. Box 30281 Salt Lake City, UT 84130	J	2002 Misc.				252.00
Account No. 4121-7417-8295-7299 Capital One BankUSA NA P.O. Box 30281 Salt Lake City, UT 84130	J	Notice Only				0.00
Account No. Acct.# 3341503407330 Cardiology Assoc. of NW Indiana c/o Medical Business Bureau 1460 Renaissance Drive Acct.# 3341503407330 Park Ridge, IL 60068	J	03/2013 Medical Services				329.00
Sheet no. 2 of 13 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 1,916.15

B6F (Official Form 6F) (12/07) - Cont.

In re **Fernando Lopez,
Maria Alejandrina Lopez**Case No. **14-23225**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 757830 Cardiospecialists Group c/o CCSI P.O. Box 10428 Merrillville, IN 46411-0428	J	12/12/05 Medical Service				30.00
Account No. 2:06CV336RL Carlson Restaurants Worldwide, Inc. c/o Stephan A. Tyler 9006 Indianapolis Blvd. Highland, IN 46322	J	Misc.				100,000.00
Account No. 0031772230;0098053766 City of Chicago c/o Linebarger Goggan Blair & SampsonLLP P.O. Box 06152 Chicago, IL 60606	J	2000 and 2002 Misc.				380.00
Account No. Comcast c/o Credit Protection P.O. Box 802068 Act. No.: 1232493173 Dallas, TX 75380	J	2005 Misc.				120.00
Account No. 1232493173 Comcast c/o Credit Protection P.O. Box 802068 Dallas, TX 75380	J	2005 Misc.				120.00
Sheet no. 3 of 13 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						100,650.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Fernando Lopez,
Maria Alejandrina Lopez**Case No. **14-23225**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 35465148 Comcast Chicago Seconds 4000 c/o CMI 4200 International Carrollton, TX 75007-1912	J	2007 Misc.				392.00
Account No. 1374436 Community Hospital Outpatient c/o Komyatte & Associates, PC 9650 Gordon Drive Highland, IN 46322	J	12/26/06 & 03/27/08 Medical Service				1,586.00
Account No. Acct.# 20910xxxxx Communtiy Hospital c/o Komyatte & Associates 9650 Gordon Drive Acct.# 20910xxxxx Highland, IN 46322	J	5/24/2013 Medical Services				2,600.00
Account No. Acct.# 17945xxxxx Communtiy Hospital c/o Komyatte & Associates 9650 Gordon Drive Acct.# 17945xxxxx Highland, IN 46322	J	12/3/10 Medical Services				25,718.00
Account No. Acct.# 17945xxxxx Communtiy Hospital c/o Komyatte & Associates 9650 Gordon Drive Acct.# 17945xxxxx Highland, IN 46322	J	12/3/10 Medical Services				2,009.00
Sheet no. 4 of 13 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 32,305.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Fernando Lopez,
Maria Alejandrina Lopez**Case No. **14-23225**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 33003364 DirecTV P.O. Box 6414 Carol Stream, IL 60197-6414	J	Misc.				299.93
Account No. First Financial 2611 Highway Avenue Highland, IN 46322	J	2005 Misc.				2,500.00
Account No. Acct.# 120017989472 GE Money Retail Bank c/o CACH, LLC 4340 S. Monaco Street, Unit 2 Acct.# 120017989472 Denver, CO 80237	J	06/2012 Miscellaneous				779.00
Account No. Goodyear Credit Plan Processing Center Act. No.: 6035510122221645 Des Moines, IA 50364-0001	J	2003 Misc.				909.25
Account No. 1465364 Hammond Clinic c/o Komyatte & Associates 9650 Gordon Drive Highland, IN 46322	J	2008 Medical Service				1,360.00
Sheet no. 5 of 13 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 5,848.18

B6F (Official Form 6F) (12/07) - Cont.

In re **Fernando Lopez,
Maria Alejandrina Lopez**Case No. **14-23225**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 1465366 Hammond Clinic c/o Komyatte & Associates 9650 Gordon Drive Highland, IN 46322	J	10/23/07 & 10/24/07 Medical Service				518.38
Account No. P00031075 HAMMOND CLINIC LLC 7905 Calumet Avenue Munster, IN 46321-1298	J	2008 Medical Services				186.02
Account No. xxxxxxxxxxxx9447 Jefferson Capital Systems LLC 165 Lawrence Bell Drive, Suite 100 Account # xxxxxxxxxxxxxx9447 Buffalo, NY 14221	J	Miscellaneous				1,135.89
Account No. xxxx-xxxx-xxxx-4254 Jefferson Capital Systems, LLC P.O. Box 23051 Columbus, GA 31902-3051	J	2005 Misc./MCM Inc./Emerge MC				2,601.96
Account No. Jessica & Asuncion Cabrera c/o Young & Hubbell 4231 Broadway Gary, IN 46409	J	Notice Only				0.00
Sheet no. 6 of 13 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 4,442.25

B6F (Official Form 6F) (12/07) - Cont.

In re **Fernando Lopez,
Maria Alejandrina Lopez**Case No. **14-23225**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Notice Only				
Jessica & Asuncion Cabrera c/o Lake County Superior Court 45D120510SC1110 232 Russell Street Hammond, IN 46320	J					0.00
Account No.		2005 Auto Accident				
Jessica Cabrera 8748 S. Muskegon 45D120510SC1110 Chicago, IL 60617	J					2,694.00
Account No. 841953		1/4/08 Medical Service				
Lake Imaging, LLC c/o CCSI P.O. Box 10428 Merrillville, IN 46411-0428	J					95.00
Account No. 827716		9/1/07 Medical Service				
Lake Imaging, LLC c/o CCSI P.O. Box 10428 Merrillville, IN 46411-0428	J					215.00
Account No. 757190		12/10/05 Medical Service				
Lake Imaging, LLC c/o CCSI P.O. Box 10428 Merrillville, IN 46411-0428	J					37.00
Sheet no. 7 of 13 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						3,041.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Fernando Lopez,
Maria Alejandrina Lopez**Case No. **14-23225**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. 1645*603551012221645*	J	Miscellaneous/Duplicate				909.25	
LVNV Funding LLC/Citibank USA, N.A. c/o Resurgnet Capitial Services P.O. Box 10587 Greenville, SC 29603-0587							
Account No. 72063491000000000000000000000000	J	06/2013 Medical Services				132.00	
Mea-Munster LLC c/o ARS Account Resolutions 1801 NW, 66th Avenue, Ste. 200 C Acct.# 72063491000000000000000000000000 Fort Lauderdale, FL 33313							
Account No. 72310704000000000000000000000000	J	09/2013 Medical Services				464.00	
Mea-Munster LLC c/o ARS Account Resolutions 1801 NW, 66th Avenue, Ste. 200 C Acct.# 72310704000000000000000000000000 Fort Lauderdale, FL 33313							
Account No. 72063491000000000000000000000000	J	06/2013 Notice Only				0.00	
Mea-Munster LLC c/o ARS Account Resolution Service 1643 Harrison Pkw., Ste. 100 Acct.# 72063491000000000000000000000000 Fort Lauderdale, FL 33313							
Account No. 72310704000000000000000000000000	J	09/2013 Notice Only				0.00	
Mea-Munster LLC c/o ARS Account Resolutions 1643 Harrison Pkwy, Ste. 100 Acct.# 72310704000000000000000000000000 Fort Lauderdale, FL 33313							
Sheet no. 8 of 13 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	1,505.25

B6F (Official Form 6F) (12/07) - Cont.

In re **Fernando Lopez,
Maria Alejandrina Lopez**Case No. **14-23225**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		2005 Misc.				
Midland Credit Management formerly Emerge Mastercard Act. # 851177 P.O. Box 939019 San Diego, CA 92193	J					2,825.40
Account No.		2005 Misc.				
Midland Credit Management c/o Allied Interstate 3000 Corporate Exchange Dr. 5th Fl. Act. 5181890100084254 Columbus, OH 43231	J					2,825.40
Account No. 203840		2012 Medical Service				
Munster Radiology Group 9201 Calumet Avenue Account # 203840 Munster, IN 46321	J					241.00
Account No. 1080435015		2008 Misc.				
Nipsco c/o Trustmark Recovery Services 541 Otis Bowen Drive Munster, IN 46321	J					59.00
Account No. 337252		4-19-12 Medical Services				
NWI PATHOLOGY CONSULT PC 9201 Calumet Avenue Account # 337252 Munster, IN 46321	J					241.00
Sheet no. 9 of 13 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						6,191.80

B6F (Official Form 6F) (12/07) - Cont.

In re **Fernando Lopez,
Maria Alejandrina Lopez**Case No. **14-23225**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No. 1348905	J		2007 Medical Service				120.00	
Patients 1st ER Medical Consultants c/o Komyatte & Associates PC 9650 Gordon Drive Highland, IN 46322								
Account No. xxxxxxxx1645	J		Miscellaneous/LVNV Funding LLC/Duplicate				909.25	
PRA Receivables Management LLC P.O. Box 41067 Account # xxxxxxxx1645 Norfolk, VA 23541								
Account No. Acct.# E86822G57910	J		02/2011 Medical Services				900.00	
Raiker M.D. Krishnakant c/o Creditors Discount & Audit Co. 415 E. Main Street Acct.# E86822G57910 Streator, IL 61364-0213								
Account No. Acct.# E86822G57910	J		02/2011 Notice Only				0.00	
Raiker M.D. Krishnakant c/o Creditors Discount & Audit Co. P.O. Box 213 Acct.# E86822G57910 Streator, IL 61364-0213								
Account No.	J		Medical Service				30,569.76	
Referance # 2091081 c/o Komyatte & Casbon, P.C. 9650 Gordon Drive Highland, IN 46322								
Sheet no. 10 of 13 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	32,499.01

B6F (Official Form 6F) (12/07) - Cont.

In re **Fernando Lopez,
Maria Alejandrina Lopez**Case No. **14-23225**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Acct.# 268 Satish Patel M.D. P.O. Box 3097 Acct.# 268 Munster, IN 46321	J	7/1/10 Medical Services				475.00
Account No. 936/Patient # 1718 Soraj Arora P.O. Box 281 Dyer, IN 46311	J	11/8/07 Medical Service				280.00
Account No. 3554947 St. Catherine Hospital c/o Argnet Healthcare Financial Services P.O. Box 40019 Phoenix, AZ 85067-0019	J	Medical Service				2,422.58
Account No. 914902210004810000 St. Margaret Mercy Med Assoc. c/o CB Accounts P.O. Box 1289 Peoria, IL 61654-1289	J	2007 Medical Service				99.00
Account No. Acct.# 601918308258xxxxxx Synchrony Bank/Care Credit c/o P.O. Box 965036 Acct.# 601918308258xxxxxx Orlando, FL 32896	J	10/2010 Miscellaneous				778.00
Sheet no. 11 of 13 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						4,054.58

B6F (Official Form 6F) (12/07) - Cont.

In re **Fernando Lopez,
Maria Alejandrina Lopez**Case No. **14-23225**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 024219455	J	Medical Service				30.80
University Pathologists, P.C. 5620 Southwyck Blvd. Toledo, OH 43614						
Account No.	J	Misc.				412.85
US Cellular c/o Credit Collection Services Two Wells Avenue Act. No. 08008640697 Newton Center, MA 02459						
Account No.	J	2005 Misc.				661.00
US Cellular c/o Anderson International P.O. Box 3097 Act. No.: 1012228987 Bloomington, IL 61702						
Account No. Acct.# D580250xxxx	J	Medical Services				731.00
Windy City Emergency Physician c/o Commonwealth Finance 245 Main Street Acct.# D580250xxxx Scranton, PA 18519						
Account No. Acct.# D580250xxxx	J	Medical Services				83.00
Windy City Emergency Physician c/o Commonwealth Finance 245 Main Street Acct.# D580250xxxx Scranton, PA 18519						
Sheet no. 12 of 13 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			1,918.65

B6F (Official Form 6F) (12/07) - Cont.

In re **Fernando Lopez,
Maria Alejandrina Lopez**Case No. **14-23225**

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Acct.# 40565xxxxx World Gym c/o Round Two Recovery LLC 3690 E 1-240 Service Acct.# 40565xxxxx Oklahoma City, OK 73135	J	2/27/13 Miscellaneous				230.00
Account No. 30520834 WOW Internet Cable Service c/o CMI Group LP 4200 International Parkway Carrollton, TX 75007	J	2005 Misc.				150.00
Account No. Reference No. 2091081 Your Collection c/o Komyatte & Casbon, P.C. 9650 Gordon Drive Reference No. 2091081 Highland, IN 46322	J	Miscellaneous				30,569.76
Account No. 						
Account No. 						
Sheet no. 13 of 13 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 30,949.76
Total (Report on Summary of Schedules)						233,539.94

B6G (Official Form 6G) (12/07)

In re **Fernando Lopez,
Maria Alejandrina Lopez**Case No. **14-23225**

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

0

continuation sheets attached to Schedule of Executory Contracts and Unexpired Leases

B6H (Official Form 6H) (12/07)

In re **Fernando Lopez,
Maria Alejandrina Lopez**Case No. **14-23225**

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0

continuation sheets attached to Schedule of Codebtors

Fill in this information to identify your case:

Debtor 1 Fernando LopezDebtor 2 Maria Alejandrina Lopez
(Spouse, if filing)United States Bankruptcy Court for the: NORTHERN DISTRICT OF INDIANACase number 14-23225
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

- ☒ Employed
- ☐ Not employed

Occupation

Maintenance

Employer's name

Hammond Professional Cleaning LLC

Employer's address

7210 Georgetown Rd., Suite 100
Indianapolis, IN 46268

Debtor 2 or non-filing spouse

- ☐ Employed
- ☒ Not employed

How long employed there?

2011**Part 2:** Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>7,222.58</u>	\$ <u>0.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>7,222.58</u>	\$ <u>0.00</u>

Debtor 1 **Fernando Lopez**
 Debtor 2 **Maria Alejandrina Lopez**

Case number (if known) **14-23225**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 7,222.58	\$ 0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 1,844.88	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: _____	5h.+ \$ 0.00	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 1,844.88	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 5,377.70	\$ 0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: _____	8h.+ \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 5,377.70 + \$ 0.00	= \$ 5,377.70
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____		
	11. +\$	0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and <i>Related Data</i> , if it applies	12. \$	5,377.70
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1 **Fernando Lopez**

Debtor 2 **Maria Alejandrina Lopez**
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF INDIANA

Case number **14-23225**
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.☒ Yes. Does Debtor 2 live in a separate household?☐ No☒ Yes. Debtor 2 must file a separate Schedule J.2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ Yes.

Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

☐ No☐ Yes☐ No☐ Yes☐ No☐ Yes☐ No☐ Yes3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Fernando Lopez**
 Debtor 2 **Maria Alejandrina Lopez**

Case number (if known) **14-23225**

6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	<u>100.00</u>
6b. Water, sewer, garbage collection	6b. \$	<u>25.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<u>160.00</u>
6d. Other. Specify: _____	6d. \$	<u>0.00</u>
7. Food and housekeeping supplies	7. \$	<u>360.00</u>
8. Childcare and children's education costs	8. \$	<u>0.00</u>
9. Clothing, laundry, and dry cleaning	9. \$	<u>50.00</u>
10. Personal care products and services	10. \$	<u>20.00</u>
11. Medical and dental expenses	11. \$	<u>60.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<u>450.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	<u>65.00</u>
14. Charitable contributions and religious donations	14. \$	<u>0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	<u>0.00</u>
15b. Health insurance	15b. \$	<u>0.00</u>
15c. Vehicle insurance	15c. \$	<u>250.00</u>
15d. Other insurance. Specify: _____	15d. \$	<u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____		
	16. \$	<u>0.00</u>
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	<u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$	<u>0.00</u>
17c. Other. Specify: _____	17c. \$	<u>0.00</u>
17d. Other. Specify: _____	17d. \$	<u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).		
	18. \$	<u>0.00</u>
19. Other payments you make to support others who do not live with you.		
	\$	<u>0.00</u>
Specify: _____		
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	<u>0.00</u>
20b. Real estate taxes	20b. \$	<u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$	<u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$	<u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$	<u>0.00</u>
21. Other: Specify: _____	21. +\$	<u>0.00</u>
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.		22. \$ <u>3,023.00</u>
Note: Line 22 above includes Debtor Schedule total of \$1,540.00		
Plus the attached separate schedule J total of \$1,483.00		
23. Calculate your monthly net income.		
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$	<u>5,377.70</u>
23b. Copy your monthly expenses from line 22 above.	23b. -\$	<u>3,023.00</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	<u>2,354.70</u>
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Debtor 1 **Fernando Lopez**
 Debtor 2 **Maria Alejandrina Lopez**

Case number (if known) **14-23225**

Fill in this information to identify your case:

Debtor 1 **Fernando Lopez**
 Debtor 2 **Maria Alejandrina Lopez**
 (Spouse, if filing)
 United States Bankruptcy Court for the: **NORTHERN DISTRICT OF INDIANA**
 Case number **14-23225**
 (If known)

Check if this is:

- ☐ An amended filing
☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

- ☒ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. **Is this a joint case?**

- ☐ No. Go to line 2.
☒ Yes. **Does Debtor 2 live in a separate household?**
☐ No
☒ Yes. Debtor 2 must file a separate Schedule J.

2. **Do you have dependents?** ☒ No

Do not list Debtor 1 and Debtor 2.
 Do not state the dependents names.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes

3. **Do your expenses include expenses of people other than yourself and your dependents?** ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. **The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.

4. \$ **0.00**

If not included in line 4:

- 4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

4a. \$ **0.00**
 4b. \$ **0.00**
 4c. \$ **50.00**
 4d. \$ **0.00**

5. **Additional mortgage payments for your residence**, such as home equity loans

5. \$ **0.00**

6. **Utilities:**

- 6a. Electricity, heat, natural gas

6a. \$ **300.00**

Debtor 1 **Fernando Lopez**
 Debtor 2 **Maria Alejandrina Lopez**

Case number (if known) **14-23225**

6b. Water, sewer, garbage collection	6b. \$	50.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	160.00
6d. Other. Specify: _____	6d. \$	0.00
7. Food and housekeeping supplies	7. \$	280.00
8. Childcare and children's education costs	8. \$	0.00
9. Clothing, laundry, and dry cleaning	9. \$	75.00
10. Personal care products and services	10. \$	80.00
11. Medical and dental expenses	11. \$	120.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	260.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	65.00
14. Charitable contributions and religious donations	14. \$	43.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	0.00
15d. Other insurance. Specify: _____	15d. \$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$	0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify: _____	17c. \$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18. \$	0.00
19. Other payments you make to support others who do not live with you. Specify: _____	\$	0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
21. Other: Specify: _____	21. +\$	0.00
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	\$	1,483.00
23. Calculate your monthly net income.		
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$	N/A
23b. Copy your monthly expenses from line 22 above.	23b. \$	N/A
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	N/A
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court
Northern District of Indiana

In re **Fernando Lopez**
Maria Alejandrina Lopez

Debtor(s)

Case No. **14-23225**Chapter **13**

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **36** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **October 17, 2014**

Signature **/s/ Fernando Lopez**
Fernando Lopez
 Debtor

Date **October 17, 2014**

Signature **/s/ Maria Alejandrina Lopez**
Maria Alejandrina Lopez
 Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
 18 U.S.C. §§ 152 and 3571.